		Certification Under 3	87 CFR 1.10			
Express Mail Labe	el No: ER 6	665458026 US	Date of Deposit:	3/17/2004		
Mail Post Office to	Addressee" se	rvice under 37 CFR 1.10	th the United States Postal Service on the date indicated above and is s, P.O. Box 1450, Arlington, VA 223	s addressed		
IN T	HE UNITED	STATES PATENT	AND TRADEMARK OFFICE			
In re Application of: For: Atty. Docket no.: PTO Cust. No.:		ULTER and Andrew J. S USING A TISSUE EXP		·		
	<u>P</u> .	ATENT APPLICATION	TRANSMITTAL			
Mail Stop Patent Ap Commissioner for F P.O. Box 1450 Alexandria, VA 223	Patents					
Dear Sir: Enclosed herewith tof Carl W. SCHULTEXPANDER.	for filing with th ΓER and Andre	e United States Patent a w J. SCHULTER entitled	and Trademark Office is the patent d METHOD OF USING A TISSUE	application		
Enclosed please fin 1. Specification 2. Abstract 3. Claims 1 thr 4. Drawings -	n including <u>2</u>	23 pages of Informal drawings, size	e 8-1/2 x 11			
5. Declaration						
6. Small Entity						
\$40.00 for tr	 Assignment Transmittal form, Assignment to Cagenix, Inc., and our check in the amount of \$40.00 for the official recording fee. 					
o. 🗀 🦰 preliminar	y amendment i	s enciosea.				

9. \square Information Disclosure Statement (IDS) is enclosed ($\underline{\hspace{0.2cm}}$ page)

b.

Copies of IDS Citations (___ 0 references)

a.

PTO/SB/08 (0 pages)

10. $\ensuremath{\mbox{\ensuremath{\mbox{$ \model{}}\mbox{$ \mbox{$ \mbox{$ \mbox{$}}\mbox{$ \mbox{$}\mbox{$ \mbox{$}}\mbox{$ \mbox{$}\mbox{$$

Claims	Number Filed	Highest number paid for	Number extra	Rate	Total due
Total claims 37 CFR 1.16(c) or (j)	26	20	6	x \$18.00	\$108.00
Independent claims 37 CFR 1.16(c) or (j)	3	3	0	x \$86.00	\$0.00
Basic fee (37 CFR 1.16)					
		TOTAL OF AB	OVE CALC	JLATIONS	\$878.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27)					-439.00
				TOTAL	\$439.00

	11. The Commissioner is hereby authoried to credit overpayments or charge the following fees to Deposit Account No.				
	a. Fees required under 37 CFR 1.16				
	b. Fees required under 37 CFR 1.17				
	c. 🗌 Fees required under 37 CFR 1.18				
	12. ☑ A check in the amount of \$439.00 is enclosed.				
	13. Payment by credit card. Form PTO-2038 is attached.				
14. Return Receipt Postcard (Should be specifically itemized, see MPEP 503)					
٧.	15. 17 Other PARENT PROVISIONAL APP, ASSIGNMENT+COVER SHEET+\$4000 CHA				
	16. Signature of Applicant, Attorney, or Agent Required:				
	Name: Stephep-M. Patton (Print/Type)				
	Signature: Signature:				
	Reg. No.: 36,235 (Attorney/Agent)				
	Date: 3/17/2004				

Stephen M. Patton 7881 Grove Court East Germantown, Tennessee 38138 Phone: (901) 309-3068 Fax (901) 756-9489